

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/585735		FILING DATE	
APPLICANT(S)									
CLAIMS									
		AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
		IND.	DEP.	IND.	DEP.	IND.	DEP.		
1		1		1					
2			1		1				
3			2		2				
4			1		1				
5			1		1				
6			1		1				
7			1		1				
8			1		1				
9			1		1				
10			1		1				
11			2		2				
12			1		1				
13			1		1				
14			1		1				
15			2		2				
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TOTAL IND.	2	↓	2	↓		↓			
TOTAL DEP.	16	←	18	←		←			
TOTAL CLAIMS	18		20						
51									
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TOTAL IND.		↓		↓		↓			
TOTAL DEP.		←		←		←			
TOTAL CLAIMS									

PTO - 1360 (REV. 11/04)

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